

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/201228

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		5				
8		3				
9		6				
10		3				
11		3				
12		3				
13		6				
14		3				
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21		3				
22		3				
23		3				
24		3				
25		3				
26		6				
27		6				
28		3				
29		3				
30		6				
31		3				
32		3				
33		3				
34		3				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.	6					
TOTAL DEP.		179				
TOTAL CLAIMS	6	185				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		6				
52		6				
53		6				
54		6				
55		3				
56		3				
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100						
TOTAL IND.	6					
TOTAL DEP.		179				
TOTAL CLAIMS	6	185				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS